Alerts, Notices, and Case Reports

Peritoneal Coccidioidomycosis Diagnosed Incidentally at Herniorrhaphy

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INFECTION WITH THE pathogenic fungus, *Coccidioides immitis*, is a frequent event in areas endemic to this organism. Most infections are asymptomatic or remain localized to the lungs, and in only about 0.5% of host encounters with *C immitis* does the organism produce extrapulmonary symptoms.[1] In the Central Valley of California in the most recent 12-month period, there has been an outbreak of *C immitis* infections without historical parallel.[2] One uncommon presentation of *C immitis* infection is coccidioidal peritonitis. This disorder can present with diffuse abdominal pain or as an abdominal wall hernia.[3,4]

Report of a Case

The patient, a 30-year-old man, noticed periumbilical swelling three months before admission. Two months before admission, he detected a right inguinal swelling. He otherwise felt well without fever or constitutional symptoms. A chest x-ray film showed no abnormalities.

During an operation, an umbilical hernia was repaired without incident. During right inguinal herniorrhaphy, however, the hernia sac was found to be thickened and edematous. Straw-colored fluid was noted in the hernia sac, and this revealed a leukocyte count of 4.2×10^9 per liter (4,200 per μl), with 0.80 (80%) lymphocytes, 0.07 (7%) neutrophils, 0.01 (1%) basophils, 0.07 (7%) monocytes, and 0.01 (1%) mesothelial cells. Examination of the inguinal hernia sac revealed granulomata with *C immitis* spherules visible on Gomori-methenamine silver stain. Serologic studies for *Coccidioides immitis* revealed a complement-fixing antibody titer of 1:256. The patient did well with a course of intravenous amphotericin B colloidal dispersion.

Discussion

Coccidioidal peritonitis was first described in 1896 by Roxford and Gilchrist in an autopsy report,[5] and since that time, 13 cases of coccidioidal peritonitis have been reported. Curiously, as in our patient, 3 of 7 patients in the series of Saw and co-workers had no evidence of pulmonary disease, and 2 of these presented with right inguinal hernia.[3] In a review by Chen, 4 of 13 patients presented with uncomplicated inguinal hernia.[5]

Consideration to increasingly unusual presentations of coccidioidal infection should be given as the number of cases reaches epidemic proportions.

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Acute Renal Failure Following Intravenous Streptokinase Infusion for Acute Myocardial Infarction

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STREPTOKINASE, ADMINISTERED EITHER intravenously or by the intracoronary route, is one of the drugs most frequently used for thrombolysis in acute myocardial infarction. Acute renal failure is a relatively rare complication following thrombolytic therapy with streptokinase.[1] We describe the case of a patient in whom acute renal failure developed nine days after thrombolytic therapy with streptokinase for acute inferior wall myocardial infarction.

Report of a Case

The patient, a 62-year-old man, was admitted to hospital because of acute inferior wall myocardial infarction. In the past he had had hypercholesterolemia and a diaphragmatic hernia. On physical examination he was in good general condition, his blood pressure was 130/80 mm of mercury, and his heart rate was 82 beats per minute. The lungs were clear, and there were no signs of

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